

EXHIBIT B

TEAM: 9
DESK: 3
DATE: 5/11/2006RECORDS REQUEST

RETURN FAX#: (888) 870-7244

NAME: DONNA MATHEWS
SSN: [REDACTED]
DOB: [REDACTED]
STATE: CAINSURANCE
BENEFITS
PENDINGCOMPANY: PAN AMERICAN DISABILITY CLAIMS
ACCT#: 010465
POLICY#: 0012577580FACILITY: BARRY BROWN MD
ADDRESS: 1201 PINE ST
CITY/ST: ST HELENA, CA 94574
PH#: (707) 963-3641REQUESTER: EB
U/W TEAM:SPECIAL INSTRUCTIONS: PLEASE RETURN THIS FORM WITH RECORDS

Received

MAY 23 2006

Policy Benefits
DivisionRETURN TO: P.O. BOX 2505
TEAM: 9WACO TX 76702-2505
PHONE: (800) 367-0741

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